

RECEIVED

JUN 2 1983

OG REV. 00640329 OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

COLO OIL & GAS CONSERVATION COMM.

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR A N R Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 717 17th Street, 2500 suite, Denver CO 80202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Center NE 1/4 At proposed prod. zone		8. FARM OR LEASE NAME Weco State ✓
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. 1-16 ✓
		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 16-33-43W ✓
		12. COUNTY Baca ✓
		13. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of work 5-2-83 to 5-3-83

Pump 1 sk. hulls, 25 sks. cement to 2850'

Displaced to 600' & pumped 25 sks. cement 600' to 300'

Displaced to 60' & put bridge & 10 sks. cement 60' to 0' Pressured to 1000 lbs.

Cut off 9 5/8" & 4 1/2", 3' below ground level & weld plate on same

DVR	
FJP	
HMM	✓
JAM	✓
RCC	
LAR	✓
GCM	

18. I hereby certify that the foregoing is true and correct

SIGNED A Wesley McCarly TITLE Field man DATE 5-3-83

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR  
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm. DATE JUN 10 1983

D W ✓ 2